	PATENT	APPLICATION Effect	03886/0200959-USD											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENT	rity	OR		R THAN ENTITY	
TOTAL CLAIMS			6		·			RATE		FEE	7	RATE	FEE	
FOR ·			NUMBER FILED		NUMBER EXTRA			BASIC F	EE :	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			XS 9=			OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		:			X43=	1	•	OR	X86=	86	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	+		1	+290=	100	
* If	the difference		TOTAL	4		OR		054						
CLAIMS AS AMENDED - PART II								IUIAL	- <u>L</u>		OR	TOTAL OTHER	856	
<u> </u>	1-05	(Column 1)	. (Column 2) (Column 3)				· ·_	SMALL ENTITY			OR		SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER. USLY	PRESENT EXTRA		RATE	TI	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	Minus	- 2	<u> </u>	=		·X\$ 9 _₹			OR	X\$18=		
	independent	- 2	Minus	*** ·	5	-		X43=	T	7	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	T	(OR	+290=		
								TOTA				TOTAL		
(Column 1) (Column 2) (Column 3)									=		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE	
	Total .	•	Minus	**	. ,			X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***	21 4144	-		X43=	T		OR	X86=		
	FIRST PRESE	NTATION OF MU		PENDENT	LAIM		T	+145=	T		OR	+290=		
							L	TOTAL		$\overline{}$	L	TOTAL		
		AĻ	ODIT. FEE	.		д	DDIT. FEEL	• •						
MEN	•	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	.**		8	F	X\$ 9=			OR	X\$18=		
	Independent		Minus _.	***				X43=	T		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	T		OR -	+290=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										ne L	TOTAL		
	the *Highest Nur	nber Previously Pai nber Previously Paid ber Previously Paid	d For IN THI	S SPACE IS	ess thai	n 3, enter *3.*		OIT. FEE I in the ap	propr	<u>.</u>	~	DDIT. FEE L mn 1.		

FORM PTO-875 (Rev. 10/03)

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